DOCUMENT RESUME

ED 088 508 IR 000 342

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TITLE	Agnews State Hospital Rehabilitation Services Patients' Library Bibliotherapy Project; Third Annual Report.
INSTITUTION	Santa Clara County Library, San Jose, Calif.
PUB DATE	Jun 71
NOTE	16p.; See also IR 000 343 through IR 000 345
EDRS PRICE	MF-$0.75 HC-$1.50
DESCRIPTORS	Annual Reports; *Bibliotherapy; Group Discussion; Group Dynamics; Identification (Psychological); Institutionalized (Persons); Library Services; Mental Health Programs; *Mental Illness; Psychoeducational Processes; *Rehabilitation Programs; Self Expression; *Story Reading
IDENTIFIERS	*Agnews State Hospital

ABSTRACT

To cause a patient to relate personally to literature is the goal of bibliotherapy, but just how this goal is attained is one of the most significant differences between bibliotherapy and other forms of group therapy. Agnews State Hospital has conducted bibliotherapy for three years as a rehabilitation service. During July 1970-June 1971, a total of 477 bibliotherapy sessions have been held with an average attendance of 12 patients. Feedback from the bibliotherapist, as well as from the patients, has aided the ward teams in evaluating and planning ongoing treatment. The program has resulted in an increase in attention span, self-disclosure, emotional stability, and many other positive effects. In addition to its therapeutic value to the patients, the bibliotherapy program has provided a training experience to social work students in field training at Agnews over the past years. (CH)

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AGNEWS STATE HOSPITAL

REHABILITATION SERVICES

PATIENTS' LIBRARY

BIBLIOTHERAPY PROJECT

THIRD ANNUAL REPORT

JUNE 1971

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TEXT

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BIBLIOTHERAPISTS

IR000 342

THE USE OF LITERATURE WITH THE MENTALLY ILL

Why use literature with mentally ill patients? Literature provides "models" of behavior. It describes and illustrates relationships and problems that people have. These "models" from literature need not be what is "right" or "normal", but the fact that they may have a depth, complexity, and subtlety that makes them seem real enough for one to become intellectually and emotionally involved with, means that, in effect, the reader vicariously "lives" the described relationship. One's experience of the world and of people is increased.

Many patient are uncertain how to relate to other people. For one reason or another, their experience is inadequate to deal with people constructively. Hence, it is logical to expose patients to literature in order that they may increase their ability to relate to others.

The activity of reading, like that of listening to a lecture, is a relatively passive one. But when the literature is shared among members of a small group, where active participation is encouraged, the level of involvement with the literature is greatly increased. The relationship described in the literature becomes the focus of the group discussion, with each member trying to understand, clarify, and verbalize his own viewpoint. The group members are virtually participating in the relationships described. Each patient can express what he thinks the character should have done, and hear others do the same. This exchange of opinions and ideas is as important to the process of bibliotherapy as is experiencing the literature itself.

Group members also have the opportunity to discuss aspects of life

that are not generally discussed, even in a healthy environment. Death, suicide, anger, and hate are frequent topics, as well as love and friendship. In effect, this intensified experience of life offers the patient new perspectives on human relationships and problems. Perhaps some understanding of his own actions is gained, or he may be more ready to accept himself and others, as literature reveals the commonality of human experience. Some patients need to overcome resistance to therapy. A situation in literature similar to a patient's own experience, or a situation similar in emotional tone to a patient's feelings, can reactivate painfully buried material. The patient can discuss his own feelings with less trauma, for he can name the feelings as belonging to a fictional character. Actually, the bibliotherapy experience is a valuable one for "normal" people, not just for the mentally ill.

This, then, is the essence of bibliotherapy. Usually, a short story is read aloud to the group. Upon completion of the reading, the bibliotherapist opens the discussion by inviting comments. In the early part of the discussion, the main points of the plot are reiterated, so that those whose concentration has not been great enough to follow the story, can also participate constructively. The discussion is then usually focused on the characters in the story and their motives for behaving as they have. As the discussion develops, the characters in the story take on a depth and human-ness as the subtleties of the story are brought to light. Conversation becomes more personal as patients continue to express themselves. We find that the patients are describing what <u>they</u> would have done if <u>they</u> were the character in the story. The literature takes on personal relevance without the self-consciousness

that one may feel when one is talking about one's self.

At this point the conversation is often intense, but it must be noted that, at no time, is it demanded of the patient that he relate specific personal experiences to the group. Of course, to cause a patient to relate personally to literature is the goal of bibliotherapy, but just how this goal is attained is one of the most significant differences between bibliotherapy and other forms of group therapy. Each patient is free to relate the story to his own life at his own rate. We believe, and many patients have expressed a similar belief, that to cause a patient any feelings of coercion, or pressure, to express himself, is damaging to the therapeutic experience. In other words, as soon as a patient feels pressured or threatened, he "turns off". Conversely, if an atmosphere of relaxation and spontaneity can be maintained, the patient responds far more enthusiastically and openly. It is often reassuring to a patient to discover that other people have had similar thoughts and feelings.

It should be emphasized that the bibliotherapists consider, ideally, their role in the group to be a relatively passive one. It is felt that the understanding, expression, and exchange of ideas and feelings between members of the group is of great therapeutic value, and that the bibliotherapist's own ideas and values or those expressed in the story must not be placed before the group as some ideal to be adopted. The bibliotherapists try to function as a member of the group, whose ideas and feelings carry no more authority than any group member. But they, in addition, encourage members to clarify their viewpoints and opinions, and further, to invite the expression of an alternative

belief or viewpoint. The most successful (and enjoyable) sessions are those in which there are differences of opinion expressed, not just between patient and bibliotherapist, but among all of the group members. Of course, often the bibliotherapist must ask questions of the group, such as, "What did you think of the father in the story?", in order to encourage discussion. At other times, the bibliotherapist might ask a patient to clarify or elaborate on what he has said. The belief is that the therapy takes place between members of the group, not between patient and bibliotherapist.

It may seem that the task of the bibliotherapist is a simple one. This is not the case. The bibliotherapist must first, select literature that provokes discussion and, secondly, establish an atmosphere of acceptance and spontaneity. Since the patients are, in a sense, providing the therapy, they must feel at ease and inclined to express themselves. Also, the bibliotherapist is constantly treading the very thin line between encouraging individual's responses and causing him to feel pressured. The bibliotherapist must know when to lead the group and when to say nothing. In rare instances a disruptive patient must be dealt with firmly and kindly.

Besides the short story, other forms of literature have been used successfully. Play reading, where each group member has a copy of the play and a part to read, increases the active participation of the patient. Here, the goal is the same as with the short story, and should not be confused with psycho-drama, a more emotionally demanding therapy technique. Patients who are unable to concentrate on, and discuss, a short story are often able to read a one-act play well. From a state of confusion and

loneliness, where one's surroundings may seem threatening, where books are pages of meaningless symbols to a place where the words on a page can stimulate the voice to make sounds that have some meaning to one's self and to others in the group, is reassuring to patients. Some feeling of satisfaction is gained as patients are able to express themselves by identifying with characters in the play. Play-reading has been used successfully with very disturbed patients, and often acts as a prelude to bibliotherapy where a short story is used.

We have experimented with the use of poetry, finding that many patients respond enthusiastically. An advantage is that poems are usually shorter than stories, requiring less concentration of the patient. Also, several poems may be read and discussed at a single session. Poetry seems to work best with a small group that has formed a group identity.

Music, phonograph records and tapes, have proven effective in involving in the conversation those patients who concentration is inadequate to follow a story closely.

A few essays and selected chapters from full length books have also been used. The use of full length books is only possible where the group is stable from meeting to meeting. Book summaries, i.e., book reviews or book talks, with selected readings have not been found successful.

Submitted by Bruce Bettencourt

BIBLIOTHERAPY AT AGNEWS STATE HOSPITAL

JULY 1970 - JUNE 1971

Bibliotherapy was extended to more patients during its third year at Agnews State Hospital because of two staff members, one working half-time, one working full-time from August 15, 1970 to May 15, 1971. The full-time bibliotherapist was unable to continue after May 15 because his temporary state appointment had expired, and there was no state provision to renew the appointment. Mr. Bruce Bettencourt volunteers his able services three afternoons per week, and it is hoped that a provision for his reinstatement may be found, for he has much rapport with alienated young people.

A total of 477 bibliotherapy sessions have been held since June 1970 with an average attendance of twelve patients. Morning sessions were held on the wards and at the high school. Some ward sessions were staff training sessions. Afternoon sessions were held in the bibliotherapy room in the library except for two ward sessions held by an occupational therapist. Two staff psychologists each conduct a session weekly with the bibliotherapist. Material for all sessions are found by the bibliotherapists. Two field trips to a nearby park with poetry readings on the lawn were much enjoyed by the patients.

Experience has taught us that material which builds emotional involvement quickly and deals with basic emotions and human relationships is most likely to invoke patient participation. The selection must be short, with dialogue, and take no longer than fifteen minutes to read. Unfortunately, indexes do not supply this kind of information, thus making it necessary

for the bibliotherapist to read much material in order to search out suitable selections. For this reason, the bibliography (which has been appended to this report) has been indexed according to Library of Congress subject headings. We hope that others who might wish to try bibliotherapy will be aided in the selection of material.

We have at least one visitor per week to observe bibliotherapy sessions. These visitors have been students, social workers, administrators, nurses, technicians and writers. Mrs. Phyllis Dalton, assistant state librarian, visited Agnews State Hospital in May. A journalist, who has already published one article on Agnews State Hospital is interested in attending several sessions and writing about the Bibliotherapy Project for the local press, and a state mental health bulletin is printing a description of bibliotherapy at Agnews State Hospital. An article will soon be published about the project in a national library journal. Over two hundred requests for the 1969-70 annual report have been filled with mailings going all over the country. We are indeed glad that the State Library has extended the federal grant for the Bibliotherapy Project to be continued at Agnews State Hospital for another year.

Patients unable to read because of medication are grateful for bibliotherapy, and other patients have remarked that bibliotherapy has reawakened their interest in reading. Books are taken upon request to those patients not able to come to the library.

Libraries in the area have been helpful in fulfilling patient requests for books not found at Agnews State Hospital as well as supplementary material for the bibliotherapists. Art prints on loan from local libraries

decorate the bibliotherapy room, as well as patients' artistic creations.

One patient returned for a visit and told of his frequent trips to the library as a result of bibliotherapy sparking his interest in reading. He asked about book-discussion groups at local libraries.

With the doctor's permission, patients may borrow books from the staff library to better understand their illness.

Simple, easy to read books have been supplied to poor readers. Referrals have been made to the school when it was discovered in play-reading sessions that some patients cannot read or can read only very poorly.

Bibliotherapy, of course, is not for everyone. Some patients cannot focus their attention on the story. Other patients do not need a story to get them talking about their feelings. Patients who are intelligent and verbal seem to respond best to bibliotherapy. Play-reading, with its active participation, often interests patients with poor educational backgrounds and little experience with books or groups. Many patients who have never read a play before report with happy surprise that play-reading is really fun.

Identification with characters is often strong. At one play-reading session of William Inge's, Glory in the Flower, there were some tense dramatic moments. One patient threatened another patient with a verbal barrage and fists over some potato chips spilled on the floor. The threatened man remained passive and eventually the reading was able to continue. The first line read by the threatening patient after the confrontation was: "'You said it, Doll, I'm still in there sluggin.'"

Then he laughed and laughed. "This guy is just like me, I've got a terrible temper. I blow up and then I'm all right." Profuse apologies were made to the threatened man and to the rest of the group.

Patients sometimes share their own attempts at writing (usually poetry) with the bibliotherapists. With permission, these selections are read to the group. Useful discussion and sometimes clarification is invoked.

All bibliotherapy session conducted are summarized by the bibliotherapists and pertinent patient responses are reported to appropriate ward personnel.

Submitted by Clara Lack

STAFF AND PATIENT COMMENTS ON THE BIBLIOTHERAPY PROJECT

During the latter part of 1970 and the early part of 1971, a group of twelve chronically regressed, long-term hospitalized ladies met weekly for a "story hour". Individual, complete short stories were used at first, but it was determined shortly that books that could be read by chapters, but had continuity in the story line, had more carry-over value for the patients. (Perhaps it revived memories of radio soap operas!). This being the case, we embarked on "Mama's Bank Account", "Cheaper by the Dozen", and "The Gentle House".

In the six months that we met, apathy turned to eagerness, non-participation to active interest, and in some cases, a temporary cessation of over psychotic symptoms. Rewards for attendance and participation (cigarettes or candy) were distributed at the end of each session and undoubtedly some of the eagerness stemmed from this practice, but nevertheless, there was a marked increase in attention span noted and most of the group remembered and anticipated the day "story hour" was to meet.

Rosetta Gorman, Program Coordinator

Bibliotherapy is a group psychotherapy technique which specifically assists the patients in focusing their attention on a subject which is a common experience for the group as a whole. The short story is usually the common subject, and the therapist encourages each member of the group to express feelings about the story and its characters, and to try to relate incidents in their own lives which may be suggested by the story. This participation by each member of the group encourages the patients to concentrate, listen and share their thoughts and feelings with the rest of the group. With

guidance by the therapist, each patient can gain confidence in his ability to concentrate, organize his thinking, and communicate with other people. The friendly and supportive atmosphere of the library enhances patient participation. As soon as the patients learn from the therapist what is expected of them within the group, there is a noticeable movement by each person to participate. The direction of movement is from a dependent, self-conscious person to a more independent self-actualized person. Many patients have told me that they felt bibliotherapy was the best therapy they have experienced.

Robert E. Cummings, Ed.D.

There is no facile way to describe what the group reading of good stories and plays can do for Emotionally Disturbed Students. Much of it is a casting of bread on waters -- in this case, troubled waters -- and looking for recognition on the part of the student that some of their own problems resemble those other human beings have faced.

I have heard some of my students open up about their own secret demons and fears after hearing of the adventures and problems of characters in fictional settings. It seems to me such recognition can be the start of the painful process back to emotional stability.

Jim Kinney, Teacher

What does bibliotherapy do or what does it do for the patients?
It seems to give that opportunity to put one's self forth to say something, which represents a part of the personal self. It is the door opener to

greater things, such as learning better how to express oneself. I can remember the "old days" at the state mental hospital, even after tranquilizers, there was an air or atmosphere of tenseness and of silence especially on a male ward. In those times one would try to initiate a discussion or meeting and be greeted by the resistance of a stone-wall-like atmosphere of silence. Such resistance seems never to be encountered by bibliotherapy discussions, as I note that there is always someone who wants to talk. I also note that there is little or no tendency for a discussion to "run out or go dry", as the discussions are ended on the hour. Maybe the most important thing bibliotherapy does is that it is a rather active gift from an outsider, the bibliotherapist, to give some of himself or herself, to the patients. It is a view out of the window, to light and hope and freedom and health!

Patients and staff like bibliotherapy -- long may it live and thrive!

John Smathers, M.D.

I use bibliotherapy with those male patients who are not yet ready for group psychotherapy. Bibliotherapy provides a safe non-threatening structure which permits the patient to gradually begin self-disclosure by identifying with one of the characters in the story and then it also enables the patient to get accustomed to groups and to feel the support of the group. The men begin to talk about the story and then shift to self-disclosures without realizing it. I also like to use bibliotherapy to focus on particular problems such as handling angry impulses, suicide, parent-child or husband-wife relationships. The focus of the story enables particular patients to identify with the problem at hand and thus come to

grips with it in a less slow or forced way than occurs with group psychotherapy.

Ethel Dignon, Ph.D.

In the past year I used weekly bibliotherapy sessions with a group of about ten elderly men and women patients. The stories selected were human interest or entertainment type rather than thought-provoking or challenging. Successful sessions seemed to be those in which the group shared a togetherness that centered around the story. Individuals in the group were encouraged to discuss their reactions to the story, and over a period of time an awareness of individual personalities in the group emerged. This awareness of each other seemed especially worthwhile in the group made up of elderly men and women who seldom had any very stimulating social contacts.

For the past three months I've been meeting weekly with a group of eight to twelve men on a ward where some patients are not allowed to leave the ward. Men selected were those who seem able to profit from a discussion type group. The media of bibliotherapy has been a tool for me to become familiar with new patients on a rapidly changing ward. Stories are selected that will interest, entertain and inspire discussion. Mostly I've been satisfied with the sessions and have appreciated help from a faithful volunteer. Stories that provoke the most response seem to be those that concern not just happenings but stories that concern how humanity works through and around the happenings.

J. Holtzinger

Occupational Therapist

Bibliotherapy has been a vital part of the total treatment program on Ward 34 over the past year. The program has provided many hours of group psychotherapy to patients with a wide range of psychopathology. Bibliotherapy seems to be a flexible treatment modality able to adapt to the needs of severely disturbed psychiatric patients in varying stages of recompensation. Feedback from the Bibliotherapist, as well as from the patients, has aided the ward teams in evaluating and planning ongoing treatment. Mr. Bettencourt's participation in the weekly ward staff meetings has served to clarify the program, facilitate better communication and feedback, and assist the ward staff in making more appropriate referrals.

In addition to the therapeutic value to Agnews patients, the Bibliotherapy program has provided an excellent training experience to several graduate and undergraduate social work students in fieldwork training at Agnews over the past year. I am grateful to the Bibliotherapists for allowing the students to participate. Their response was that of enthusiasm and the desire to seek further training in Bibliotherapy for eventual use in professional practice.

Judy Holder

Psychiatric Social Worker

Some Unsolicited Patients' Comments:

I think bibliotherapy is really effective in reaching people. I remember when it was first being considered, and they wondered if it would do any good. Even if I don't talk very much, I get a lot out of it.

Annette

It seems to me these story sessions are useful in two ways: In helping me focus on one thing and in reminding me of happenings in my own life.

Randy

Bibliotherapy starts out as an enjoyable experience - the story and gradually gets down to problems. One's dignity is maintained. There's an element of joy - we all share something. Other therapy can be so degrading and humiliating.

Barbara

I didn't get much out of it. I couldn't follow the story. That big fellow talked too much.

Mark

As thoughts and ideas are expressed about what has been read in bibliotherapy, I become acquainted with other patients in a more interesting way than I had been through other conversations. It is an enjoyable experience too, because of the manner in which the program is presented. The bibliotherapist comes with an attitude of having something to give and of wanting to help people to socialize.

Mary